TORCO97
Sohnson
A FAMILY COMPANY

WWCP RD&E - Global Safety Assessment & Regulatory Affairs - Product Safety

September 24, 2008

via OVERNIGHT MAIL (FED-EX)

Document Processing Desk - 6(a)(2) Office of Pesticide Programs Document Processing Room S-4900 One Potomac Yard 2777 S. Crystal Drive Arlington, VA 22202

Re: FIFRA 6(a)(2) Reporting

To the 6(a)(2) Coordinator:

Attached please find summaries of 6(a)(2) incidents covering the time period of August 1 through August 31, 2008 and the corresponding VIRs for those cases.

Please call me with any questions. I may be reached at 262/260-3086.

Sincerely,

Ricardo J. Soto, Ph.D.

Manager, Product Stewardship

Attachments

RJS/bap

ec: J. H. Wallace, Jr.

Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Provide all known,	required information. If requ	uired data field in	iformation is unkno	wn, designate as	such in	appropriate area Page	1 of 3
Row I Administrative	Row I Reporter Name				son (if different than reporter) Internal ID 364459		
Data				Address			
	Phone #		Phone #	Phone #			
			date of incident Date registr			Was incident part of larger study? No	
Row 2	EPA Registration # (Product 1) 4822-479		EPA Registration # (Product 2)			EPA Registration # (Product 3)	
Pesticide(s) Involved							
	A.I. (s)		A.l. (s)			A.I. (s)	
	Product 1 name Raid Ant and Roach Killer with Germfighter 17.5 oz		Product 2 Name			Product 3 Name	
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution?		 	Exposed to concentrate prior to dilution?	
	Formulation		Formulation			Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No Applicator certified? UNK	yard, school, nursery/gree commercial woods, agric	nhouse, surface v turf, building/offi ultural (specify c llity, highway)).	vater, ice, forest/	include mixing/loading, reentry, applicater, transportation, repair/ maintenance of application equipment, manufacturing/		ntry, application, tenance of nufacturing/
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes						

Personal privacy information

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 2 of 3

Brief description of incident circumstances.

Swartwood, Jason Aug 19 2008 2:03PM Cheri from the CRC warm-transferred the call.

Hx: The caller used the product to spray around her house last night, and this morning the caller's upper lip was sore and swollen. The caller sprayed the product fairly heavily in the house, but she had no direct exposure to the product - she could just smell the odor.

The caller went to the dentist this morning because of the lip swelling, but the dentist could not find any problems with the caller's teeth. The caller's lower lip began swelling later this morning.

The caller could smell the product in her home this morning, so she ventilated the house.

The caller has Sjogren's syndrome, and she says that she cannot take antihistamines because of this condition. The caller also has Lupus and fibromyalgia.

The caller is seeking advice. The caller insists that she cannot go to the ED in her town, since she says that they would not be able to properly treat her because of her health condition.

A: It is difficult to say what is causing the sxs, but the product cannot be ruled out at this time. Because of the duration and severity of your sxs, I recommend that you go to the ED right now to be assessed. Have the MD call us prn. Have someone ventilate the treated area and do not go back into it until the product has dried and there is no more odor from the product. Cb prn. Provided case #.

Nystuen, Amy Aug 21 2008 5:01PM

states the doctor does not think it is the product that caused her symptoms, the oral surgeon thinks it is an infection, she is on an antibiotic, she may have to have her teeth pulled. Her swelling is still present on the top lip but the bottom is better.

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Page 3 of 3

Demographic information: Age: 84 Year(s) Sex: Female Occupation (if relevant) NA	Exposure route: Inhalation/Respiratory	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? None Reported
If female, pregnant? NO	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: 24 hrs or less	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown	List signs/symptoms/adverse eff Dermatological-Edema/Swelling		If lab tests were performed, list test names and results (I available, submit reports) None Reported
Human severity category:	_		
necessary)			
			Internal ID #